

		FOR OHF USE					

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2002
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2002)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: <u>0033803</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER	
Facility Name: <u>Anchorage of Beecher</u>		<p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>07/01/2001</u> to <u>06/30/2002</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p>	
Address: <u>1201 Dixie Highway</u> <u>Beecher</u> <u>60401</u>			
<div>NumberCityZip Code</div>			
County: <u>Will</u>			
Telephone Number: <u>708-946-2600</u> Fax # <u>708-946-9411</u>			
IDPA ID Number: <u>36-2166970-002</u>			
Date of Initial License for Current Owners: <u>09/12/88</u>			
Type of Ownership:			
<div><div><input checked="" type="checkbox"/> VOLUNTARY,NON-PROFIT</div><div><input checked="" type="checkbox"/> Charitable Corp.</div><div><input type="checkbox"/> Trust</div></div>		<div><div><input type="checkbox"/> PROPRIETARY</div><div><input type="checkbox"/> Individual</div><div><input type="checkbox"/> Partnership</div><div><input type="checkbox"/> Corporation</div><div><input type="checkbox"/> "Sub-S" Corp.</div><div><input type="checkbox"/> Limited Liability Co.</div><div><input type="checkbox"/> Trust</div><div><input type="checkbox"/> Other</div></div>	
IRS Exemption Code <u>501c3</u>		<div>StateCountyOther</div>	
In the event there are further questions about this report, please contact:			
Name: <u>Donald Primdahl</u>		Telephone Number: <u>630-521-8034</u>	

Officer or Administrator of Provider	(Signed) _____	(Date) _____
	(Type or Print Name) <u>Thomas L. Noesen</u>	
Paid Preparer	(Title) <u>Treasurer</u>	
	(Signed) _____	(Date) _____
	(Print Name and Title) _____	
	(Firm Name & Address) _____	
	(Telephone) <u>()</u> _____	Fax # <u>()</u> _____
MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630		

Facility Name & ID Number Anchorage of Beecher

0033803 Report Period Beginning: 07/01/2001 Ending: 06/30/2002

III. STATISTICAL DATA					
A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____					
	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	96	Skilled (SNF)	96	35,040	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	96	TOTALS	96	35,040	7

B. Census-For the entire report period.						
	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	13,839	7,487	2,525	23,851	8
9	SNF/PED					9
10	ICF	6,463	2,719		9,182	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	20,302	10,206	2,525	33,033	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 94.27%

D. How many bed-hold days during this year were paid by Public Aid?
121 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
Home Delivered Meals, Staff Food Cost

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES X NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES X NO

I. On what date did you start providing long term care at this location?
Date started 09/12/88

J. Was the facility purchased or leased after January 1, 1978?
YES X Date 09/12/88 NO

K. Was the facility certified for Medicare during the reporting year?
YES X NO If YES, enter number of beds certified 14 and days of care provided 2,525

Medicare Intermediary Adminastar Federal, Inc.

IV. ACCOUNTING BASIS
ACCRUAL X MODIFIED CASH* CASH*
Is your fiscal year identical to your tax year? YES X NO
Tax Year: 06/30/2002 Fiscal Year: 06/30/2002
* All facilities other than governmental must report on the accrual basis.

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	194,826	16,285	7,315	218,426	(9,166)	209,260		209,260			1
2	Food Purchase		184,695		184,695		184,695	(16,179)	168,516			2
3	Housekeeping	106,197	24,539	5	130,741		130,741		130,741			3
4	Laundry		22	111,052	111,074		111,074		111,074			4
5	Heat and Other Utilities			60,346	60,346		60,346		60,346			5
6	Maintenance	62,985	6,207	29,533	98,725		98,725		98,725			6
7	Other (specify):*											7
8	TOTAL General Services	364,008	231,748	208,251	804,007	(9,166)	794,841	(16,179)	778,662			8
	B. Health Care and Programs											
9	Medical Director			17,700	17,700		17,700		17,700			9
10	Nursing and Medical Records	1,608,234	270,758	93,723	1,972,715	(67,545)	1,905,170		1,905,170			10
10a	Therapy	86,755	3,309	168,188	258,252		258,252		258,252			10a
11	Activities	61,735	3,117	9,682	74,534	20,527	95,061		95,061			11
12	Social Services	39,184		1,684	40,868		40,868		40,868			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	1,795,908	277,184	290,977	2,364,069	(47,018)	2,317,051		2,317,051			16
	C. General Administration											
17	Administrative	75,613			75,613	58,014	133,627	84,911	218,538			17
18	Directors Fees											18
19	Professional Services			163,367	163,367	(102,107)	61,260	(9,119)	52,141			19
20	Dues, Fees, Subscriptions & Promotions			16,314	16,314	122	16,436	(1,574)	14,862			20
21	Clerical & General Office Expenses	144,612	17,662	39,899	202,173	1,632	203,805	5,164	208,969			21
22	Employee Benefits & Payroll Taxes			641,034	641,034	16,563	657,597	19,682	677,279			22
23	Inservice Training & Education											23
24	Travel and Seminar			3,068	3,068	397	3,465	1,126	4,591			24
25	Other Admin. Staff Transportation			1,229	1,229	4,007	5,236	1,956	7,192			25
26	Insurance-Prop.Liab.Malpractice			81,636	81,636		81,636		81,636			26
27	Other (specify):*											27
28	TOTAL General Administration	220,225	17,662	946,547	1,184,434	(21,372)	1,163,062	102,146	1,265,208			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,380,141	526,594	1,445,775	4,352,510	(77,556)	4,274,954	85,967	4,360,921			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			70,701	70,701		70,701	24,937	95,638			30
31	Amortization of Pre-Op. & Org.			3,043	3,043		3,043	(3,043)				31
32	Interest			174,159	174,159		174,159	649	174,808			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds					801	801		801			34
35	Rent-Equipment & Vehicles			6,671	6,671	(6,671)		358	358			35
36	Other (specify):*											36
37	TOTAL Ownership			254,574	254,574	(5,870)	248,704	22,901	271,605			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			7,521	7,521	74,216	81,737		81,737			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops					9,210	9,210		9,210			41
42	Provider Participation Fee			52,560	52,560		52,560		52,560			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers			60,081	60,081	83,426	143,507		143,507			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,380,141	526,594	1,760,430	4,667,165		4,667,165	108,868	4,776,033			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(16,179)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space	(855)	30		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	25,792	30		9
10	Interest and Other Investment Income	649	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(2,143)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ 7,264		\$	30

OHF USE ONLY									
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense	(3,043)	31	33
34	Adjustments for Related Organization Costs (Schedule VII)	(21,501)	ARIOUS	34
35	Other- Attach Schedule SCHED. VIII-B	126,148	ARIOUS	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 101,604		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ 108,868		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops	X		9,210	2	40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs	X		74,216	10	43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$ 83,426		47

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	INDIRECT COSTS FROM SCHEDUAL VIII-B	\$ 84,911	17	1
2	INDIRECT COSTS FROM SCHEDUAL VIII-B	12,382	19	2
3	INDIRECT COSTS FROM SCHEDUAL VIII-B	569	20	3
4	INDIRECT COSTS FROM SCHEDUAL VIII-B	5,164	21	4
5	INDIRECT COSTS FROM SCHEDUAL VIII-B	19,682	22	5
6	INDIRECT COSTS FROM SCHEDUAL VIII-B	1,126	24	6
7	INDIRECT COSTS FROM SCHEDUAL VIII-B	1,956	25	7
8	INDIRECT COSTS FROM SCHEDUAL VIII-B	358	35	8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	126,148		49

Summary A

06/30/2002

[illegible]

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Bensenville Home Society	100	Anchorage of Bensenville	Bensenville	LIFELINK AREA		INDEPENDENT
Lifelink Corporation (BHS Parent)	100	Pine Acres Care Center	DeKalb	HOUSING	VARIOUS	LIVING
				BRIDEWAY OF		INDEPENDENT
				BENSENVILLE	BENSENVILLE	LIVING
				LIFELINK CHARITI	BENSENVILLE	FUND RAISING
				LIFELINK SERVICE	BENSENVILLE	PROJ. DEVEL.
				SEE ATTACHED		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger	4 Amount	5 Cost to Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
			Item		Name of Related Organization				
1	V	19	Management Fees	\$ 92,193	Lifelink Corporation (V.P. Health Care)	100.00%	\$ 73,139	\$ (19,054)	1
2	V	19	Management Fees	14,663	Lifelink Corporation (Pastoral care)	100.00%	13,966	(697)	2
3	V	19	Management Fees	23,109	BHS (Volunteer Coordinator)	100.00%	21,618	(1,491)	3
4	V	19	Management Fees	2,639	BHS (Intergenerational Coordinator)	100.00%	2,380	(259)	4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 132,604			\$ 111,103	\$ * (21,501)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Anchorage of Beecher # 0033803 Report Period Beginning: 07/01/2001 Ending: 06/30/2002

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	CARL ZIMMERMAN	PRESIDENT	ADMIN.	NONE	27,790	3.02	7.54	SALARY	\$ 8,297	17-7	1
2	ROBERT LOGSTON	EXEC. VP ADMIN.	ADMIN.	NONE	27,790	3.02	7.54	SALARY	8,297	17-7	2
3	JAMES FORMAL	VP HEALTH CARE	ADMIN-HEALTH	NONE	77,000	12	30.00	SALARY	33,000	19-3	3
4	THOMAS NOESEN	VP FIN/TREASURE	ACCT/FINANCE	NONE	27,790	3.02	7.54	SALARY	8,297	17-7	4
5	ALLEN S. GABRYS	CONTROLLER	ACCT/FINANCE	NONE	19,431	3.02	7.54	SALARY	5,801	17-7	5
6	KATHY LYNN CICERO	VP CORP. SERV.	ADMIN.	NONE	6,106	3.02	7.54	SALARY	1,823	17-7	6
7	KENYETTA HAYWOOD	VP SUPP. SERV.	SUPP. SERV.	NONE	27,790	3.02	7.54	SALARY	8,297	17-7	7
8	PAMELA JONES	DIR. - VOL.. SERV.	RECRUIT/PLACN	NONE	20,533	8.6	21.50	SALARY	8,506	7-Nov	8
9	DONALD PRIMDAHL	DIR. - BUDGETING	BDGT/GOVT. RE	NONE	20,401	3.02	7.54	SALARY	6,091	17-7	9
10	JANET HISBON	DIR. - PAST. CARE	SPRITUAL SERV	NONE	22,324	4.84	12.10	SALARY	5,155	7-Nov	10
11	KATHLEEN SCHUPBACH	DIR. - HUMAN RES.	PERSONNEL	NONE	13,312	3.02	7.54	SALARY	3,974	17-7	11
12	ROBIN MCBROOM	INTERGEN. COORD.	ACTIVITIES	NONE	3,294	1.52	3.80	SALARY	1,647	7-Nov	12
13								TOTAL	\$ 99,185		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Anchorage of Beecher # 0033803 Report Period Beginning: 07/01/2001 Ending: 6/30/2002

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization LIFELINK CORPORATION
Street Address 331 S. YORK ROAD
City / State / Zip Code BENSENVILLE, IL. 60106
Phone Number (630) 766-3570
Fax Number (630) 860-5130

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	17	ADMINISTRATION	DIRECT PROG. COST	63,274,260	12	\$ 1,125,725	\$ 1,125,725	4,772,615	\$ 84,911	1
2	19	PROFESSIONAL SERVICES	DIRECT PROG. COST	63,274,260	12	164,155		4,772,615	12,382	2
3	20	FEES, SUBSCRIPTIONS, PROM	DIRECT PROG. COST	63,274,260	12	7,538		4,772,615	569	3
4	21	GEN. OFFICE EXPENSE	DIRECT PROG. COST	63,274,260	12	68,465		4,772,615	5,164	4
5	22	EMP. TAXES & BENEFITS	DIRECT PROG. COST	63,274,260	12	260,945		4,772,615	19,682	5
6	24	TRAVEL & SEMINARS	DIRECT PROG. COST	63,274,260	12	14,932		4,772,615	1,126	6
7	25	OTHER STAFF TRANS.	DIRECT PROG. COST	63,274,260	12	25,937		4,772,615	1,956	7
8	35	RENTAL EQUIPMENT	DIRECT PROG. COST	63,274,260	12	4,745		4,772,615	358	8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 1,672,442	\$ 1,125,725		\$ 126,148	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related Long-Term												
1			X	Refinance Mortgage and	*	*	\$ *	\$ *	*	*	\$ 174,159	1	
2				Capital Projects								2	
3												3	
4												4	
5												5	
	Working Capital												
6												6	
7												7	
8												8	
9	TOTAL Facility Related						\$	\$			\$ 174,159	9	
	B. Non-Facility Related*												
10												10	
11												11	
12				* See Attached								12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$	14	
15	TOTALS (line 9+line14)						\$ *	\$ *			\$ 174,159	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ Line #

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

			Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		
1. Real Estate Tax accrual used on 2001 report.			\$	0	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	0	2
3. Under or (over) accrual (line 2 minus line 1).			\$		3
4. Real Estate Tax accrual used for 2002 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	0	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$	0	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$	0	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	0	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	1997	0	8		
	1998	0	9		
	1999	0	10		
	2000	0	11		
	2001	0	12		
				FOR OHF USE ONLY	
				13	FROM R. E. TAX STATEMENT FOR 2001 \$ 13
				14	PLUS APPEAL COST FROM LINE 5 \$ 14
				15	LESS REFUND FROM LINE 6 \$ 15
				16	AMOUNT TO USE FOR RATE CALCULATION \$ 16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2001 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2001 real estate tax costs, as well as copies of your real estate tax bills for calendar 2001.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2001 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2002 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions,

2001 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

Anchorage of Beecher

COUNTY

Will

FACILITY IDPH LICENSE NUMBER

0033803

CONTACT PERSON REGARDING THIS REPORT

Donald Primdahl

TELEPHONE

630-521-8034

FAX #:

630-860-5130

A. Summary of Real Estate Tax Cos

Enter the tax index number and real estate tax assessed for 2001 on the lines provided below. Enter only the portion of tl cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursi home property which is vacant, rented to other organizations, or used for purposes other than long term care must not l entered in Column D. Do not include cost for any period other than calendar year 200.

	(A)	(B)	(C)	(D)
	Tax Index Number	Property Description	Total Tax	Tax Applicable to Nursing Home
1.	N/A		\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$
9.			\$	\$
10.			\$	\$
		TOTALS	\$	\$

B. Real Estate Tax Cost Allocation:

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services' YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing hom (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used

C. Tax Bills

Attach a copy of the 2001 tax bills which were listed in Section A to this statement. Be sure to use the 2001 tax bill whic is normally paid during 2002.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet:

37,095

B. General Construction Type:

Exterior Brick

Frame Steel

Number of Stories

1

C. Does the Operating Entity?

☒ (a) Own the Facility

☐ (b) Rent from a Related Organization.

☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?

☒ (a) Own the Equipment

☐ (b) Rent equipment from a Related Organization.

☐ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☒ YES

☐ NO

If so, please complete the following:

1. Total Amount Incurred:

121,720

2. Number of Years Over Which it is Being Amortized:

40

3. Current Period Amortization:

3,043

4. Dates Incurred:

See Attached

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

		1	2	3	4	
A. Land.		Use	Square Feet	Year Acquired	Cost	
1	Long Term Care		123,116	1988	\$ 246,000	1
2						2
3	TOTALS		123,116		\$ 246,000	3

Facility Name & ID Number Anchorage of Beecher

0033803

Report Period Beginning:

07/01/2001

Ending:

06/30/2002

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	96		1988	1985	\$ 2,456,000	\$ 37,785	40	\$ 61,400	\$ 23,615	\$ 816,620	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	1985 ADMIN. BLDG. RENOVATION			1985	130,898	3,272	40	3,272		85,683	9
10	1986 ADMIN. BLDG. RENOVATION			1986	10,086	252	40	252		6,173	10
11	LAND IMPROVEMENTS (CURBS, LIGHTS, ETC.)			1988	160,000		10			160,000	11
12	WATER CONDITIONER			1988	5,417		20	217	217	3,903	12
13	SIGN RENOVATION			1988	2,490		20	125	125	1,875	13
14	INSTALLATION OF VERTICAL BLINDS			1998	1,582		20	79	79	1,264	14
15	INSTALLATION OF TIME CLOCK			1988	8,273		20	414	414	6,209	15
16	LAND IMPROVEMENTS			1990	5,035		20	252	252	3,275	16
17	COOLED CONDENSERS AND COMPRESSORS			1990	3,782		20	189	189	2,174	17
18	ROOF REPAIRS			1990	15,370		10			15,370	18
19	(20) RADIATOR VALVES			1991	7,200		20	360	360	4,461	19
20	TOILET FRAMES AND OTHER EQUIP.			1991	2,114		20	106	106	1,314	20
21	RUBBER ROOF SYSTEM			1992	74,550	5,591	10	7,455	1,864	71,444	21
22	WALK AND PATIO CONSTRUCTION			1992	9,255	771	10	925	154	8,792	22
23	PATIO FENCE			1992	3,620	362	10	362		3,349	23
24	WIRE GLASS DOOR			1992	509	51	20	25	(26)	255	24
25	CUBICAL CURTINS AND TRACK			1992	5,762	576	20	288	(288)	2,937	25
26	(49) MIRRORS			1992	4,470	336	20	224	(112)	2,284	26
27	SMOKE DAMPERS, FIREWALL AND VENT. RENOV.			1993	1,174	117	20	59	(58)	486	27
28	DUMPSTER PAD			1993	2,450	245	20	122	(123)	1,005	28
29	WANDER SAF-T-LOCK ALARM SYSTEM			1993	16,030	1,603	20	802	(801)	6,604	29
30	SKILLED WING DINNING ROOM RENOVATION			1993	2,900	290	20	145	(145)	1,195	30
31	ISE GARBAGE DISPOSAL			1993	603	60	20	30	(30)	252	31
32	KITCHEN COUNTER AND FIRE DOOR			1994	1,945	195	10	195		1,622	32
33	DINNING ROOM CARPETING			1994	7,832	783	10	783		6,330	33
34	BOILER			1997	3,016	302	10	302		1,382	34
35	3" BACKFLOW PREVENTOR			1999	4,935	494	10	494		1,522	35
36	CARPETING			1999	20,943	2,094	10	2,094		6,980	36

*Total beds on this schedule must agree with page 2.

See Page 12A, Line 70 for total

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	BOOSTER HEATER	1999	\$ 977	\$ 98	10	\$ 98	\$	\$ 277	37
38	20" MARATON 1200 EXTRACTOR	2001	1,673	167	10	167		237	38
39	WATER SOFTNER	2001	5,700	570	10	570		712	39
40	ASPHAL REMOVAL AND REPLACEMENT	2001	22,094	2,025	10	2,025		2,025	40
41	REPAIR AND REPLACE DAMAGED SHOWER STALLS	2002	32,044	1,711	10	1,711		1,711	41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 3,030,729	\$ 59,750		\$ 85,542	\$ 25,792	\$ 1,229,722	70

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 77,182	\$ 8,736	\$ 8,736	\$	5 TO 10	\$ 51,838	71
72	Current Year Purchases	7,234	549	549		5 TO 10	549	72
73	Fully Depreciated Assets	376,128				5 TO 10	376,128	73
74								74
75	TOTALS	\$ 460,544	\$ 9,285	\$ 9,285	\$		\$ 428,515	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	RESIDENT OUTINGS	1985 FORD BUS	1997	\$ 10,000	\$ 1,666	\$ 1,666	\$	6	\$ 7,639	76
77										77
78										78
79										79
80	TOTALS			\$ 10,000	\$ 1,666	\$ 1,666	\$		\$ 7,639	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 3,747,273	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 70,701	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 96,493	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 25,792	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,665,876	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease
-

9. Option to Buy:
- ☐ YES☐ NO
- Terms:
- *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
16. Rental Amount for movable equipment: \$6,671
- Description: See Attached
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:
Beginning
Ending
11. Rent to be paid in future years under the current rental agreement:
- Fiscal Year EndingAnnual Rent
12. /2003\$
13. /2004\$
14. /2005\$

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

We only hire certified nursing assistants.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER AIDE

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER AIDE

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8		
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10a	hrs	\$ 81,371		\$	2,010		\$ 83,381	1
2	Licensed Speech and Language Development Therapist	10a	hrs	3,251					3,251	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a	hrs	83,446			1,299		84,745	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			\$ 168,068		\$	\$ 3,309		\$ 171,377	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 6,589	\$ 1,753,646	1
2	Cash-Patient Deposits	20,573	647,096	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 94,441)	382,396	3,311,400	3
4	Supply Inventory (priced at COST)	12,993	72,087	4
5	Short-Term Investments		129,671	5
6	Prepaid Insurance	23,093	263,090	6
7	Other Prepaid Expenses		104,586	7
8	Accounts Receivable (owners or related parties)		21,439,354	8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 445,644	\$ 27,720,930	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		921,501	13
14	Buildings, at Historical Cost		21,152,795	14
15	Leasehold Improvements, at Historical Cost		690,601	15
16	Equipment, at Historical Cost		8,416,077	16
17	Accumulated Depreciation (book methods)		(16,716,338)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
	Accumulated Amortization -			
20	Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): SEE ATTACHED		6,449,031	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$	\$ 20,913,667	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 445,644	\$ 48,634,597	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 12,002	\$ 4,707,737	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	24,222	219,222	28
29	Short-Term Notes Payable	96,820	608,690	29
30	Accrued Salaries Payable	96,909	1,411,858	30
	Accrued Taxes Payable			
31	(excluding real estate taxes)	1,116	767,460	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable		111,897	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	A/C PAYABLE(RELATED PARTIES)	384,428	24,297,096	36
37	DEFERRED REVENUE		326,609	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 615,497	\$ 32,450,569	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	411,485	411,485	39
40	Mortgage Payable			40
41	Bonds Payable		14,808,375	41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	DEFERRED REVENUE/OTHER		1,039,345	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 411,485	\$ 16,259,205	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,026,982	\$ 48,709,774	46
47	TOTAL EQUITY(page 18, line 24)	\$ (581,338)	\$ (75,177)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 445,644	\$ 48,634,597	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (896,582)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (896,582)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	212,661	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) NON ALLOWABLE COSTS EXCLUDED	(97,309)	15
16	Other (describe) NET EXP. BOOKED ON CORP. BOOKS	199,892	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 315,244	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (581,338)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Anchorage of Beecher # 0033803 Report Period Beginning: 07/01/2001 Ending: 06/30/2002

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 5,619,047	1
2	Discounts and Allowances for all Levels	(1,530,164)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 4,088,883	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	750,232	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 750,232	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants	129,000	10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop	9,210	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	16,179	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry	2,280	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 156,669	23
	D. Non-Operating Revenue		
24	Contributions	9,601	24
25	Interest and Other Investment Income***	589	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 10,190	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,005,974	30

	Expenses	Amount	
	A. Operating Expenses		
31	General Services	804,007	31
32	Health Care	2,364,069	32
33	General Administration	1,184,434	33
	B. Capital Expense		
34	Ownership	254,574	34
	C. Ancillary Expense		
35	Special Cost Centers	7,521	35
36	Provider Participation Fee	52,560	36
	D. Other Expenses (specify):		
37	ALLOCATION OF INDIRECT COST - SCHED. VIII-B	126,148	37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 4,793,313	40
41	Income before Income Taxes (line 30 minus line 40)**	212,661	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 212,661	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? NO If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,788	2,080	\$ 64,943	\$ 31.22	1
2	Assistant Director of Nursing					2
3	Registered Nurses	22,595	25,167	557,063	22.13	3
4	Licensed Practical Nurses	14,293	15,613	317,454	20.33	4
5	Nurse Aides & Orderlies	54,096	60,025	718,976	11.98	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,228	3,802	36,553	9.61	8
9	Activity Director	3,632	4,030	61,735	15.32	9
10	Activity Assistants					10
11	Social Service Workers	1,824	2,080	39,184	18.84	11
12	Dietician					12
13	Food Service Supervisor	1,856	2,080	40,197	19.33	13
14	Head Cook					14
15	Cook Helpers/Assistants	17,405	19,006	154,629	8.14	15
16	Dishwashers					16
17	Maintenance Workers	3,029	3,597	62,985	17.51	17
18	Housekeepers	10,477	11,278	106,197	9.42	18
19	Laundry					19
20	Administrator	1,552	2,080	75,613	36.35	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	8,198	9,116	94,511	10.37	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,347	3,739	50,101	13.40	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	147,320	163,693	\$ 2,380,141 *	\$ 14.54	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	158	\$ 7,128	1-3	35
36	Medical Director		17,700	9-3	36
37	Medical Records Consultant	24	960	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant		1,116	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	12	888	11-3	44
45	Social Service Consultant	30	1,684	12-3	45
46	Other(specify)				46
47	Dental Consultants		3,456	10-3	47
48					48
49	TOTAL (lines 35 - 48)	224	\$ 32,932		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	490	\$ 18,498	10a-3	50
51	Licensed Practical Nurses	512	17,568	10a-3	51
52	Nurse Aides	2,398	47,161	10a-3	52
53	TOTAL (lines 50 - 52)	3,400	\$ 83,227		53

(See instructions.)

[illegible]

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? NO

(2) Are there any dues to nursing home associations included on the cost report? YES
If YES, give association name and amount. LSN/AAHSA \$3,818

(3) Did the nursing home make political contributions or payments to a political action organization? NO If YES, have these costs been properly adjusted out of the cost report? _____

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? _____

(5) Have you properly capitalized all major repairs and equipment purchases? YES
What was the average life used for new equipment added during this period? 5-10 YRS

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 44,812 Line 10-2

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? NO
If YES, give effective date of lease. _____

(9) Are you presently operating under a sublease agreement? _____ YES X NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 52,560
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? NONE Indicate the amount. \$ 0

(16) Travel and Transportation

a. Are there costs included for out-of-state travel? NO
If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____

c. What percent of all travel expense relates to transportation of nurses and patients? NONE

d. Have vehicle usage logs been maintained? YES

e. Are all vehicles stored at the nursing home during the night and all other times when not in use? YES

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? YES

g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____

(17) Has an audit been performed by an independent certified public accounting firm? YES
Firm Name: KPMG The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? _____ If no, please explain. AUDIT HAS NOT BEEN ISSUED

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES

(19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? YES
Attach invoices and a summary of services for all architect and appraisal fees.

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 07/01/01 - 06/30/02

IX INTEREST EXPENSE

FACILITY NUMBERNAME

0014258	ANCHORAGE OF BENSENVILLE
0033803	ANCHORAGE OF BEECHER
0005066	PEOTONE SENIOR LIVING CENTER
0039289	PINE ACRES CARE CENTER

THE BENSENVILLE HOME SOCIETY (BHS) IN CONJUNCTION WITH ITS AFFILIATED CORPORATIONS, LIFELINK AND BRIDGEWAY OF BENSENVILLE, HAVE ISSUED 1989A, 1995A, AND 1998 BONDS THRU THE ILLINOIS HEALTH FACILITY AUTHORITY ON VARIOUS DATES. SEE COPY OF OFFICIAL STATEMENTS ATTACHED. THE 1989B AND 1995B BONDS WERE RETIRED WITH THE ISSUANCE OF THE 1998 BONDS.

INTEREST PAID AND ACCRUED

1989A SERIES	65,200
1995A SERIES	170,436
1998 SERIES	1,012,846

LETTER OF CREDIT AND OTHER FEES

1989A SERIES	63,865
1995A SERIES	113,588

TOTAL	<u>1,425,935</u>
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INTEREST HAS BEEN ALLOCATED BASED ON THE USE OF THE BOND PROCEEDS.

ANCHORAGE OF BENSENVILLE	34.0% OF 1989 BONDS	43,945
	15.7% OF 1995 BONDS	44,525
	8.9% OF 1998 BONDS	<u>89,863</u>
	TOTAL	<u>178,333</u>

ANCHORAGE OF BEECHER	44.3% OF 1989 BONDS	57,189
	11.5% OF 1998 BONDS	<u>116,970</u>
	TOTAL	<u>174,159</u>

PINE ACRES CARE CENTER	36.3% OF 1995 BONDS	103,041
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OTHER*	970,402
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TOTAL	<u>1,425,935</u>
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* CORPORATE AND PARENT CORPORATE OFFICES AND NON-CARE RELATED.

LIFELINK CORPORATION
BENSENVILLE HOME SOCIETY

ANCHORAGE OF BENSENVILLE	#	0014258
ANCHORAGE OF BEECHER	#	0033803
PINE ACRES CARE CENTER	#	0039289
PEOTONE SENIOR LIVING CENTER	#	0005066

SCHEDULE VII-A

ATTACHED ARE LISTS OF THE BOARD OF DIRECTORS FOR LIFELINK CORPORATION AND BENSENVILLE HOME SOCIETY.

NONE OF THESE DIRECTORS PROVIDE ANY SERVICES TO EITHER CORPORATION NOR DO THEY HAVE ANY OWNERSHIP IN ANY ENTITY THAT DOES BUSINESS WITH EITHER CORPORATION.

SCHEDULE VII-A3

<u>NAME</u>	<u>CITY</u>	<u>TYPE OF BUSINESS</u>
Hoyleton Youth and Family Services	Hoyleton	Social Services
Hoyleton Children's Home Foundation	Hoyleton	Fund Raising

RECAP

LINE #	DESCRIPTION	0014258	0033803	0039289
		ANCHORAGE OF BENSENVILLE	ANCHORAGE OF BEECHER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	60	44	44
11	ACTIVITIES	54,782	20,527	14,326
17	ADMINISTRATIVE	77,352	58,014	58,014
19	PROFESSIONAL SERVICES	13,566	8,996	8,794
20	FEES, SUBSCRIPTIONS, PR	363	122	77
21	GENERAL OFFICE EXPENSI	2,797	1,632	1,500
22	EMPLOYMENT BENEFITS &	26,192	16,563	15,642
24	TRAVEL AND SEMINARS	529	397	397
25	OTHER STAFF TRANSPORT	8,400	4,007	3,313
34	RENT-FACILITIES & GROUN	1,132	801	801
35	RENTAL EQUIPMENT	-	-	-
TOTAL		185,174	111,103	102,908

VICE PRESIDENT OF HEALTH CARE (020-060)

LINE #	DESCRIPTION	TOTAL	DISALLOWED	ALLOWED	ANCHORAGE OF ANCHORAGE		PINE ACRES
					BENSENVILLE	OF BEECHER	
2	FOOD PURCHASES	78	-	78	31	23	23.40
11	ACTIVITIES	-	-	-	-	-	-
17	ADMINISTRATIVE	209,689	16,309	193,380	77,352	58,014	58,014.00
19	PROFESSIONAL SERVICES	4,913	4,913	-	-	-	-
20	FEES, SUBSCRIPTIONS, PR	22,210	22,210	-	-	-	-
21	GENERAL OFFICE EXPENSI	2,135	-	2,135	854	641	640.50
22	EMPLOYMENT BENEFITS &	41,836	3,254	38,582	15,433	11,575	11,574.60
24	TRAVEL AND SEMINARS	1,322	-	1,322	529	397	396.60
25	OTHER STAFF TRANSPORT	8,209	-	8,209	3,320	2,490	2,489.70
34	RENT-FACILITIES & GROUN	16,620	16,620	-	-	-	-
35	RENTAL EQUIPMENT	-	-	-	-	-	-
TOTAL		307,102	63,306	243,796	97,518	73,139	73,139
ALLOCATION %					40.0%	30.0%	30.0%

PASTORAL CARE(020-150)

LINE #	DESCRIPTION	TOTAL	DISALLOWED	ALLOWED	ANCHORAGE OF ANCHORAGE		PINE ACRES
					BENSENVILLE	OF BEECHER	
2	FOOD PURCHASES	95	95	-	-	-	-
11	ACTIVITIES	87,330	-	87,330	41,394	10,567	4,367
17	ADMINISTRATIVE	-	-	-	-	-	-
19	PROFESSIONAL SERVICES	2,840	-	2,840	1,346	344	142
20	FEES, SUBSCRIPTIONS, PR	643	-	643	305	78	32
21	GENERAL OFFICE EXPENSI	1,854	-	1,854	879	224	93
22	EMPLOYMENT BENEFITS &	12,971	-	12,971	6,148	1,569	649
24	TRAVEL AND SEMINARS	2,785	2,785	-	-	-	-
25	OTHER STAFF TRANSPORT	9,782	-	9,782	4,637	1,184	489
34	RENT-FACILITIES & GROUN	2,748	2,748	-	-	-	-
35	RENTAL EQUIPMENT	-	-	-	-	-	-
TOTAL		121,048	5,628	115,420	54,709	13,966	5,771
ALLOCATION %					47.4%	12.1%	5.0%

VOLUNTEER COORDINATOR(100-200)

LINE #	DESCRIPTION	TOTAL	DISALLOWED	ALLOWED	ANCHORAGE OF ANCHORAGE		PINE ACRES
					BENSENVILLE	OF BEECHER	
2	FOOD PURCHASES	96	-	96	29	21	21
11	ACTIVITIES	38,511	-	38,511	11,707	8,280	8,280
17	ADMINISTRATIVE	-	-	-	-	-	-
19	PROFESSIONAL SERVICES	40,081	-	40,081	12,185	8,617	8,617
20	FEES, SUBSCRIPTIONS, PR	158	-	158	48	34	34
21	GENERAL OFFICE EXPENSI	3,342	-	3,342	1,016	719	719
22	EMPLOYMENT BENEFITS &	13,399	-	13,399	4,073	2,861	2,861
24	TRAVEL AND SEMINARS	-	-	-	-	-	-
25	OTHER STAFF TRANSPORT	1,238	-	1,238	376	266	266
34	RENT-FACILITIES & GROUN	10,637	6,912	3,725	1,132	801	801
35	RENTAL EQUIPMENT	-	-	-	-	-	-
TOTAL		107,462	6,912	100,550	30,567	21,618	21,618
ALLOCATION %					30.4%	21.5%	21.5%

INTERGENERATIONAL(100-240)

LINE #	DESCRIPTION	TOTAL	DISALLOWED	ALLOWED	ANCHORAGE OF ANCHORAGE		PINE ACRES
					BENSENVILLE	OF BEECHER	
2	FOOD PURCHASES	62	62	-	-	-	-
11	ACTIVITIES	44,213	-	44,213	1,680	1,680	1,680
17	ADMINISTRATIVE	-	-	-	-	-	-
19	PROFESSIONAL SERVICES	923	-	923	35	35	35
20	FEES, SUBSCRIPTIONS, PR	274	-	274	10	10	10
21	GENERAL OFFICE EXPENSI	1,279	-	1,279	49	49	49
22	EMPLOYMENT BENEFITS &	14,157	-	14,157	538	538	538
24	TRAVEL AND SEMINARS	2,300	2,300	-	-	-	-
25	OTHER STAFF TRANSPORT	1,780	-	1,780	68	68	68
34	RENT-FACILITIES & GROUN	4,690	4,690	-	-	-	-
35	RENTAL EQUIPMENT	-	-	-	-	-	-
TOTAL		69,678	7,052	62,626	2,380	2,380	2,380
ALLOCATION %					3.8%	3.8%	3.8%

BENSENVILLE HOME SOCIETY
 SCHEDULE VII-C
 6/30/2002

ANCHORAGE OF BENSENVILLE

NAME	POSITION	GROSS WAGES	FIXED SALARY	TOTAL	ALLOCATION RATE (%)	MAXIMUM UNADJUSTED \$110,000	EXCESS TO FACILITY ALLOWABLE \$110,000	OVER LIMIT	ADJUSTED ALLOCATION
CARL ZIMMERMAN	PRESIDENT	273,173	9,600	282,773	7.54%	52,828	20,550	32,278	20,550
ROBERT LOGSTON	EXEC. VP ADMINISTRATION	174,334	7,800	182,134	7.54%	34,027	20,550	13,476	20,550
JAMES FORMAL	VP HEALTH CARE	128,309	7,800	134,109	30.00%	53,644	44,000	9,644	44,000
THOMAS NOESEN	VP FINANCE / TREASURER	135,453	4,800	140,253	18.68%	26,202	20,550	5,652	20,550
ALLEN GABRY'S	CONTROLLER	76,913	-	76,913	18.68%	14,369	20,550	-	14,369
KATHY LYNN CICER	VP CORPORATE SERVICE	24,167	-	24,167	18.68%	4,515	20,550	-	4,515
THOMAS RISER	VP SUPPORT SERVICES	81,731	2,800	84,531	18.68%	15,792	20,550	-	20,550
PAMELA JONES	DIRECTOR - VOLUNTEER	39,562	-	39,562	30.46%	12,027	33,440	-	12,027
DONALD PRIMDAHL	DIRECTOR - BUDGETING	80,749	-	80,749	18.68%	15,086	20,550	-	15,086
JANET HISBON	DIRECTOR - PASTORAL CARE	42,604	-	42,604	47.49%	20,194	52,140	-	20,194
KATHLEEN SCHUPP	DIRECTOR - HUMAN RESO	52,692	-	52,692	18.68%	9,844	20,550	-	9,844
ROBIN MCBROOM	INTERGENERATIONAL CO	43,347	-	43,347	3.80%	1,647	4,180	-	1,647
TOTAL ALLOCATION									203,884

CORPORATE ALLOCATION %

ANCHORAGE OF BENSENVILLE PROGRAM EXPENSES / TOTAL PROGRAM EXPENSES

\$11,821,051 / \$63,274,260 = 18.68%

BENSENVILLE HOME SOCIETY
 SCHEDULE VII-C
 6/30/2001

ANCHORAGE OF BEECHER

NAME	POSITION	GROSS WAGES	FIXED SALARY	TOTAL	ALLOCATION RATE (%)	MAXIMUM UNADJUSTED \$110,000	EXCESS TO FACILITY ALLOWABLE \$110,000	OVER LIMIT	ADJUSTED ALLOCATION
CARL ZIMMERMAN	PRESIDENT	273,173	9,600	282,773	7.54%	21,329	8,297	13,032	8,297
ROBERT LOGSTON	EXEC. VP ADMINISTRATION	174,334	7,800	182,134	7.54%	13,738	8,297	5,441	8,297
JAMES FORMAL	VP HEALTH CARE	128,309	7,800	134,109	30.00%	40,233	33,000	7,233	33,000
THOMAS NOESEN	VP FINANCE / TREASURER	135,453	4,800	140,253	7.54%	10,579	8,297	2,282	8,297
ALLEN GABRY'S	CONTROLLER	76,913	-	76,913	7.54%	5,801	8,297	-	5,801
KATHY LYNN CICER	VP CORPORATE SERVICE	24,167	-	24,167	7.54%	1,823	8,297	-	1,823
KENYETTA HAYWOOD	VP SUPPORT SERVICES	81,731	2,800	84,531	7.54%	6,376	8,297	-	6,297
PAMELA JONES	DIRECTOR - VOLUNTEER	39,562	-	39,562	21.50%	8,508	23,650	-	8,508
DONALD PRIMDAHL	DIRECTOR - BUDGETING	80,749	-	80,749	7.54%	6,091	8,297	-	6,091
JANET HISBON	DIRECTOR - PASTORAL CARE	42,604	-	42,604	12.10%	5,195	13,310	-	5,195
KATHLEEN SCHUPP	DIRECTOR - HUMAN RESO	52,692	-	52,692	7.54%	3,974	8,297	-	3,974
ROBIN MCBROOM	INTERGENERATIONAL CO	43,347	-	43,347	3.80%	1,647	4,180	-	1,647
TOTAL ALLOCATION									95,185

CORPORATE ALLOCATION %

ANCHORAGE OF BENSENVILLE PROGRAM EXPENSES / TOTAL PROGRAM EXPENSES

\$4,772,615 / \$63,274,260 = 7.54%

BENSENVILLE HOME SOCIETY
 SCHEDULE VII-C
 6/30/2001

PINE ACRES CARE CENTER

NAME	POSITION	GROSS WAGES	FIXED SALARY	TOTAL	ALLOCATION RATE (%)	MAXIMUM UNADJUSTED \$110,000	EXCESS TO FACILITY ALLOWABLE \$110,000	OVER LIMIT	ADJUSTED ALLOCATION
CARL ZIMMERMAN	PRESIDENT	273,173	9,600	282,773	6.58%	18,811	7,240	11,571	7,240
ROBERT LOGSTON	EXEC. VP ADMINISTRATION	174,334	7,800	182,134	6.58%	11,987	7,240	4,748	7,240
JAMES FORMAL	VP HEALTH CARE	128,309	7,800	134,109	30.00%	40,233	33,000	7,233	33,000
THOMAS NOESEN	VP FINANCE / TREASURER	135,453	4,800	140,253	6.58%	9,231	7,240	1,991	7,240
ALLEN GABRY'S	CONTROLLER	76,913	-	76,913	6.58%	5,062	7,240	-	5,062
KATHY LYNN CICER	VP CORPORATE SERVICE	24,167	-	24,167	6.58%	1,591	7,240	-	1,591
KENYETTA HAYWOOD	VP SUPPORT SERVICES	81,731	2,800	84,531	6.58%	6,953	7,240	-	7,240
PAMELA JONES	DIRECTOR - VOLUNTEER	39,562	-	39,562	21.50%	8,508	23,650	-	8,508
DONALD PRIMDAHL	DIRECTOR - BUDGETING	80,749	-	80,749	6.58%	5,315	7,240	-	5,315
JANET HISBON	DIRECTOR - PASTORAL CARE	42,604	-	42,604	5.00%	2,130	5,500	-	2,130
KATHLEEN SCHUPP	DIRECTOR - HUMAN RESO	52,692	-	52,692	6.58%	3,468	7,240	-	3,468
ROBIN MCBROOM	INTERGENERATIONAL CO	43,347	-	43,347	3.80%	1,647	4,180	-	1,647
TOTAL ALLOCATION									85,877

CORPORATE ALLOCATION %

ANCHORAGE OF BENSENVILLE PROGRAM EXPENSES / TOTAL PROGRAM EXPENSES

\$4,164,424 / \$63,274,260 = 6.58%

BENSENVILLE HOME SOCIETY
 SCHEDULE VII-C
 6/30/2000

SUMMARY

NAME	POSITION	TOTAL EXCLUDED ALLOCATION	TOTAL ADJUSTED ALLOCATION
CARL ZIMMERMAN	PRESIDENT	56,681	36,087
ROBERT LOGSTON	EXEC. VP ADMINISTRATION	23,665	36,087
JAMES FORMAL	VP HEALTH CARE	24,109	110,000
THOMAS NOESEN	VP FINANCE / TREASURER	9,925	36,087
ALLEN GABRY'S	CONTROLLER	-	25,232
KATHY LYNN CICER	VP CORPORATE SERVICES	-	7,928
KENYETTA HAYWOOD	VP SUPPORT SERVICES	-	36,087
PAMELA JONES	DIRECTOR - VOLUNTEER SERV.	-	26,039
DONALD PRIMDAHL	DIRECTOR - BUDGETING	-	26,491
JANET HISBON	DIRECTOR - PASTORAL CARE	-	27,480
KATHLEEN SCHUPP	DIRECTOR - HUMAN RESOURCES	-	17,286
ROBIN MCBROOM	INTERGENERATIONAL COORD.	-	4,942
TOTAL		114,379	392,747

BENSENVILLE HOME SOCIETY
INDIRECT COSTS (UNALLOCATED)
SCHEDULE VII-B
6/30/2002

BECAP

LINE #	DESCRIPTION	0014258	0033803	0036289
		ANCHORAGE OF BENSENVILLE	ANCHORAGE BECKER	PINE ACRES CARE CENTER
2	FOOD PURCHASES			
17	ADMINISTRATIVE	210,311	84,911	74,090
19	PROFESSIONAL SERVICES	30,668	12,382	10,804
20	FEES, SUBSCRIPTIONS, PROM.	1,408	569	496
21	GENERAL OFFICE EXPENSE	12,791	5,164	4,608
22	EMPLOYMENT BENEFITS & TX.	48,750	19,682	17,174
24	TRAVEL AND SEMINARS	2,780	1,126	983
25	OTHER STAFF TRANSPORT.	4,846	1,566	1,707
26	INSURANCE	-	-	-
34	RENT-FACILITIES & GROUND	-	-	-
35	RENTAL EQUIPMENT	886	358	312
TOTAL		312,450	126,148	110,073
ALLOCATION		18.68%	7.54%	6.58%

LINE #	DESCRIPTION	AMINISTRATION (010)			BOARD & CORPORATE (020)		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	86	86	-	-	-	-
17	ADMINISTRATIVE	952,285	227,507	324,778	-	-	-
19	PROFESSIONAL SERVICES	64,216	61,685	2,531	9,544	9,544	-
20	FEES, SUBSCRIPTIONS, PROM.	2,755	220	2,535	-	250	(250)
21	GENERAL OFFICE EXPENSE	5,079	-	5,079	1,575	-	1,575
22	EMPLOYMENT BENEFITS & TX.	97,176	40,030	57,146	-	-	-
24	TRAVEL AND SEMINARS	26,411	11,479	14,932	1,491	1,491	-
25	OTHER STAFF TRANSPORT.	17,621	-	17,621	-	-	-
26	INSURANCE	-	-	-	1,220	1,220	-
34	RENT-FACILITIES & GROUND	41,676	41,676	-	-	-	-
35	RENTAL EQUIPMENT	3,540	-	3,540	-	-	-
TOTAL		811,446	382,683	428,762	13,830	12,505	1,325

LINE #	DESCRIPTION	BUSINESS OFFICE (030)			SUPPORT SERVICES (080)		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	164	164	-	5	5	-
17	ADMINISTRATIVE	540,081	25,453	514,628	92,669	-	92,669
19	PROFESSIONAL SERVICES	160,520	49,937	113,583	6,149	7,886	163
20	FEES, SUBSCRIPTIONS, PROM.	2,817	-	2,817	1,142	-	1,142
21	GENERAL OFFICE EXPENSE	37,441	-	37,441	1,036	-	1,036
22	EMPLOYMENT BENEFITS & TX.	145,098	6,838	138,260	17,899	-	17,899
24	TRAVEL AND SEMINARS	4,508	4,508	-	2,779	2,779	-
25	OTHER STAFF TRANSPORT.	5,355	-	5,355	2,426	-	2,426
26	INSURANCE	-	-	-	-	-	-
34	RENT-FACILITIES & GROUND	76,920	76,920	-	12,888	12,888	-
35	RENTAL EQUIPMENT	687	-	687	-	-	-
TOTAL		975,591	160,620	812,771	136,903	23,658	115,335

LINE #	DESCRIPTION	MATERIALS HANDLING (110)			HUMAN RESOURCES (120)		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	51,402	-	51,402	99	99	-
17	ADMINISTRATIVE	6,588	-	6,588	117,530	-	117,530
19	PROFESSIONAL SERVICES	315	-	315	41,290	-	41,290
20	FEES, SUBSCRIPTIONS, PROM.	4,697	-	4,697	597	-	597
21	GENERAL OFFICE EXPENSE	13,475	-	13,475	15,217	-	15,217
22	EMPLOYMENT BENEFITS & TX.	-	-	-	29,065	-	29,065
24	TRAVEL AND SEMINARS	-	-	-	-	-	-
25	OTHER STAFF TRANSPORT.	-	-	-	-	-	-
26	INSURANCE	-	-	-	-	-	-
34	RENT-FACILITIES & GROUND	1,080	1,080	-	25,644	25,644	-
35	RENTAL EQUIPMENT	618	-	618	-	-	-
TOTAL		76,075	1,080	76,095	229,442	25,743	203,699

LINE #	DESCRIPTION	TRAINING (130)			GRAND TOTAL		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	266	266	-	620	620	-
17	ADMINISTRATIVE	24,718	-	24,718	1,378,685	252,960	1,125,725
19	PROFESSIONAL SERVICES	-	-	-	290,307	126,152	164,155
20	FEES, SUBSCRIPTIONS, PROM.	382	-	382	8,008	470	7,538
21	GENERAL OFFICE EXPENSE	2,820	-	2,820	68,465	-	68,465
22	EMPLOYMENT BENEFITS & TX.	5,100	-	5,100	307,813	46,868	260,945
24	TRAVEL AND SEMINARS	-	-	-	35,189	20,257	14,932
25	OTHER STAFF TRANSPORT.	535	-	535	25,937	-	25,937
26	INSURANCE	-	-	-	1,220	1,220	-
34	RENT-FACILITIES & GROUND	4,614	4,614	-	160,822	160,822	-
35	RENTAL EQUIPMENT	-	-	-	4,745	-	4,745
TOTAL		38,435	4,880	33,555	2,283,611	611,369	1,672,442

XII B. # 16 EQUIPMENT RENTAL (PAGE14)

1. ADVACARE

HUNTLEIGH RENTAL	252.00
PLEXUS 2200 RENTAL	2,058.00
FLOWTRON LEG PUMP	972.00
CPM MACHINE	210.00

2. ALVERNO

CMP MACHINE RENTAL	855.00
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3. AMERICAN MEDICAL OXYGEN SALES

OXYGEN CONCENTRATOR RENTAL	24.00
PORTABLE LIQUID QXYGEN	628.00
BI-LEVEL AIRWAY PRESS DEVISE	112.00

5. KCI THERAPUETICS

WOUND VAC RENTAL	1,560.00
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6,671.00

DESCRIPTION OF LINE 24, SCHEDULE V:

NAME	JOB TITLE	DATE	LOCATION	SEM. TITLE	SPONSOR	COST
LORI MANNING	COOK	8/5/2001	CHICAGO	EXCELLING AS A FIRST TIME SUPERVISOR	CAREER TRACK	\$298.00
PAT BAILEY MARY ELLEN KOSKY	DIR. OF ACTIVITIES ASSIST DIR ACT.	10/4/02-10/5/02	MT. AUBURN	IAPA CONVENTION	IAPA	\$260.00
MARCIA QUALE ERLING HUNGNESS JENNIFER MAGRUDER SHIRLEY VICKERY	ADMINISTRATOR NURSING SUPER. DIR OF NURSING NURSING SUPER.	2/6/2002	NAPERVILLE	ABUSE & NEGLECT	O.C.C.	\$360.00
MARCIA QUALE JENNIFER MAGRUDER KIMBERLY HORN FRAN GRAY	ADMINISTRATOR DIR OF NURSING MDS NURSE REHAB SUPER.	2/26/2002	LISLE	IOC PROVIDER TRAINING	LSN FOUND.	\$400.00
PAT RENZETTI A. CADWALLADER	DIR SOCIAL SERV RN	6/13/2002	NAPERVILLE	LEADERSHIP AND NEUROLOGICAL DISORDERS/LPN'S	LSN FOUND.	\$305.00
ALL OTHER SEMINARS LESS THAN \$250.00:						\$1,444.59
ALLOCATED COSTS - SCHEDULE VII B:						\$397.00
ALLOCATED COSTS - SCHEDULE VIII B:						\$1,126.00
SUB-TOTAL						<u>\$4,590.59</u>
OUT OF STATE SEMINARS/CONFERENCES						-
TOTAL						<u>\$4,590.59</u>

BENSENVILLE HOME SOCIETY

1985 / 1986 ALLOCATION OF RENOVATION COSTS FOR THE CFS BUILDING

	<u>1985</u>	<u>1986</u>	
CONSTRUCTION COSTS:	1,735,410	133,721	
CURRENT DEPRECIATION:	43,385	3,343	
FACILITY FY 2002:	<u>BENSENVILLE</u>	<u>BEECHER</u>	<u>PINE ACRES</u>
FACILITY OPERATING EXP.	11,821,051	4,772,615	4,164,424
TOTAL OPERATING EXP. (B)	63,274,260	63,274,260	63,274,260
(A) / (B)	18.68%	7.54%	6.58%
1985 COST PERCENTAGE	324,214	130,898	114,217
1985 DEPRECIATION PERCE	8,105	3,272	2,855
1986 COST PERCENTAGE	24,982	10,086	8,801
1986 DEPRECIATION PERCE	625	252	220

FACILITY ID#: 0033803

FACILITY NAME: ANCHORAGE OF BEECHER
A FACILITY OF THE BENSENVILLE HOME SOCIETY

REPORT PERIOD: 07/01/01 - 06/30/02

SCHEDULE V

RECLASSIFICATIONS AND ADJUSTMENTS:

1.	LINE 10 NURSING & RECORD KEEPING	6,671	
	LINE 35 RENT - EQUIPMENT		6,671
	TO RECLASSIFY RENTAL EQUIPMENT TO PROPER ACCOUNTS PER SCHEDULE XII B #16.		
2	LINE 2 FOOD PURCHASES	44	
	LINE 11 ACTIVITIES	20,527	
	LINE 17 ADMINISTRATIVE	58,014	
	LINE 19 PROFESSIONAL SERVICES		102,107
	LINE 20 FEES, SUBSCRIPTIONS, PROM.	122	
	LINE 21 CLERICAL & GENERAL OFFICE	1,632	
	LINE 22 EMPLOYMENT BENEFITS & TAXES	16,563	
	LINE 24 TRAVEL & SEMINARS	397	
	LINE 25 OTHER STAFF TRANSPORTATION	4,007	
	LINE 34 RENT- FACILITY & GROUNDS	801	
	TO RECLASSIFY MANAGEMENT FEES FROM PROFESSIONAL SERVICES TO PROPER ACCOUNTS.		
3	LINE 41 GIFT & COFFEE SHOP	9,210	
	LINE 2 FOOD PURCHASES		9,210
	TO RECLASSIFY COFFEE SHOP EXPENSES		
4	LINE 39 ANCILLARY SERVICE CENTER	74,216	
	LINE 10 NURSING & RECORD KEEPING		74,216
	TO RECLASSIFY PRIVATE PAY DRUGS TO SECTION D		

RECAP ABOVE ENTRIES

LINE 2 FOOD PURCHASES		9,166
LINE 10 NURSING & RECORD KEEPING		67,545
LINE 11 ACTIVITIES	20,527	
LINE 17 ADMINISTRATIVE	58,014	
LINE 19 PROFESSIONAL SERVICES		102,107
LINE 20 FEES, SUBSCRIPTIONS, PROM.	122	
LINE 21 CLERICAL & GENERAL OFFICE	1,632	
LINE 22 EMPLOYMENT BENEFITS & TAXES	16,563	
LINE 24 TRAVEL & SEMINARS	397	
LINE 25 OTHER STAFF TRANSPORTATION	4,007	
LINE 34 RENT- FACILITY & GROUNDS	801	
LINE 35 RENT - EQUIPMENT		6,671
LINE 39 ANCILLARY SERVICE CENTER	74,216	
LINE 41 GIFT & COFFEE SHOP	9,210	

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 07/01/01 - 06/30/02

FACILITY NUMBER NAME

0033803 ANCHORAGE OF BEECHER

SCHEDULE XVII - LINE 41

	(1) BENSENVILLE HOME <u>SOCIETY</u>	(2) <u>FACILITY</u>	BHS RELATED <u>(1) - (2)</u>
<u>ANCHORAGE OF BEECHER</u>			
REVENUES	40,701,419	5,005,974	35,695,445
EXPENSES	40,959,946	4,793,313	36,166,633
NET INCOME (LOSS) FROM OPERATIONS	<u>(258,527)</u>	<u>212,661</u>	<u>(471,188)</u>

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 07/01/01 - 06/30/02

FACILITY NUMBER NAME

0014258	ANCHORAGE OF BENSENVILLE
0033803	ANCHORAGE OF BEECHER
0039289	PINE ACRES CARE CENTER

SCHEDULE XV BALANCE SHEET (AFTER CONSOLIDATION)

LINE 23 - OTHER

BENEFICIAL INTEREST IN PERPETUAL TRUST	4,121,832
STUDENT LOANS RECEIVABLE	54,659
CASH RESTRICTED FOR STUDENT LOANS	72,572
DEFERRED COSTS AND OTHER INTANGIBLES, NET	1,226,496
OTHER ASSETS, NET	973,472
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	6,449,031
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